

### City of Albuquerque Environmental Health Department Air Quality Division

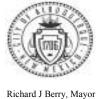


Richard J Berry, Mayor

Asbestos Renovation\Demolition Notification Form

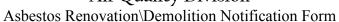
		Date Received:	Received By	Notification #	
I. Type Of Notification (Circl	e Choice): Origin	nal Revision#	Emergency	Canceled or C	Courtesy
Reason for Revision:					•
II. Facility Information ( <b>Ident</b>	ify owner, remo	val contractor, and	other operator)		
Owner Name:		Address:			<del> </del>
City:		State (Ab	br): Z	ip:	
Owner Contact:		Phone:			
Removal Contractor:		Phone:	Address:		
City:		State (Al	obr): Zi	p:	
Removal Contact:		Other Op	erator:		
Address:		_City:		State (Abbr):	Zip:
Operator Contact:		Dhone:			
III. Type Of Operation (Circle	e Choice): D	emolition, Ord	ered, Demol	-	,
III. Type Of Operation (Circle or Emergency Renovation	e Choice): D	emolition, Ord	ered, Demol		ŕ
III. Type Of Operation (Circle or Emergency Renovation  IV. Is Asbestos Present (Circle)	e Choice): D (Specify):	/ YES Asbes	ered, Demol	\$	ŕ
III. Type Of Operation (Circle or Emergency Renovation  IV. Is Asbestos Present (Circle V. Facility Description (Inclu	e Choice): D (Specify):	/ YES Asbes	tos Fee Amount:	\$r)	
III. Type Of Operation (Circle or Emergency Renovation  IV. Is Asbestos Present (Circle V. Facility Description (Inclue)  Bldg. Name:	e Choice): D (Specify):	/ YES Asbes  e, number and floor Address:	tos Fee Amount:	\$r)	
III. Type Of Operation (Circle or Emergency Renovation  IV. Is Asbestos Present (Circle V. Facility Description (Inclu Bldg. Name:  City: Albuquerque	e Choice): D (Specify):  le Choice)? : NO de building nam  State: NM	/ YES Asbes  e, number and floor Address: Zip:	tos Fee Amount: S	r)  County: Bernali	llo
III. Type Of Operation (Circle or Emergency Renovation  IV. Is Asbestos Present (Circle V. Facility Description (Incluated Bldg. Name:  City: Albuquerque  Facility Location Description:	e Choice): D (Specify):  de Choice)? : NO de building nam  State: NM	/ YES Asbes  e, number and floor Address: Zip:	tos Fee Amount: S	\$r)	llo
III. Type Of Operation (Circle or Emergency Renovation  IV. Is Asbestos Present (Circle V. Facility Description (Incluated Bldg. Name:  City: Albuquerque Facility Location Description:  # of Floors:	e Choice): D (Specify):  de Choice)? : NO de building nam  State: NM  Age in Y	/ YES Asbes  e, number and floor Address: Zip:	tos Fee Amount:	r)  County: Bernali Building Size:	<u>llo</u>
III. Type Of Operation (Circle or Emergency Renovation  IV. Is Asbestos Present (Circle V. Facility Description (Inclued Bldg. Name:  City: Albuquerque Facility Location Description:  # of Floors:  Future Use:	e Choice): D (Specify):  de Choice)? : NO  de building nam  State: NM  Age in Y  Present U	/ YES Asbes  e, number and floor Address: Zip:  Tears:  Jse:	tos Fee Amount: S	r)  County: Bernali Building Size:	<u>llo</u>
III. Type Of Operation (Circle or Emergency Renovation  IV. Is Asbestos Present (Circle V. Facility Description (Inclued Bldg. Name:  City: Albuquerque Facility Location Description: # of Floors: Future Use:  VI. Procedure, Including Analysis	e Choice): D (Specify):  de Choice)? : NO  de building nam  State: NM  Age in Y Present U lytical Method, If	/ YES Asbes  e, number and floor Address: Zip:  Tears:  Jse:	tos Fee Amount: S	r)  County: Bernali Building Size:	<u>llo</u>
III. Type Of Operation (Circle or Emergency Renovation  IV. Is Asbestos Present (Circle V. Facility Description (Inclued Bldg. Name:  City: Albuquerque Facility Location Description:  # of Floors:  Future Use:	e Choice): D (Specify):  de Choice)? : NO  de building nam  State: NM  Age in Y  Present U lytical Method, If	/ YES Asbes  e, number and floor Address: Zip:  fears:  Jse:  Appropriate, Used T	tos Fee Amount: s	County: Bernali Building Size:	<u>llo</u>

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### City of Albuquerque

#### Environmental Health Department Air Quality Division





Mary Lou Leonard, Director

VII. Approximate Amount Of Asbestos, Including:

			Non friable A	sbestos Mater	ial	
	RACM To	ACM To Be	Not To Be		Check Box for	
	Be Removed	Removed	Cat I:	Cat II	unit of measu	irement
Pipes ======					Ln Ft.	Ln M.
Surface Area ====================================					☐ Sq. Ft.	☐ Sq M.
Surface Area ————————————————————————————————————					Sq. Ft. -	Sq M.
Vol RACM off ==================================					CuFt:	☐ Cu M
VIII. Scheduled Dates Asbestos Res		·				
X. Description Of Planned Work As Acoustical Ceiling Scrape, Whole F						nents (I.E.
XI. Description Of Work Practices . Site (I.E. Containment, Glove Bagg				o Prevent En	nissions Of Asbe	stos At The Work
XII. If The Facility Is Being Demol Structurally Unsound And In Dange Name: A	er Of Imminen	t Collapse, Ple	ease Identify	The Agency	Below:	•

Provide supporting documents, from the agency, at the time the NESHAP notification is submitted.



## City of Albuquerque Environmental Health Department

# Air Quality Division Asbestos Renovation\Demolition Notification Form



Mary Lou Leonard, Director

Richard J Berry, Mayor

XIII. For Emergency Renovations Indicate Emergency ======	s: ====> Date ( <b>MM/DD/YY</b> ):		Hour ( <b>HH:MM</b>	):
	Inexpected Event:			
	used unsafe conditions or would o			
Provide supporting doc	cuments at the time the NESHAP	notification	ı is submitted.	
XIV. Description Of Procedures 7 Nonfriable Asbestos Material Bed				nd Or Previously
XV. Waste Transporter #1:				_
Contractor: Contact:	Telephone :( )	- City	Cell Phone :(	
E-mail Address:	-		_	
Waste Transporter #2:	Address:	City.		State:
Contractor: Contact: E-mail Address:	Telephone :()		Cell Phone :(	
XV. Waste Disposal Site: Contractor:	Address:	City:		State:
Contractor: Contact:	Telephone :()		Cell Phone :(	
E-mail Address:  XVI. I Certify That An Individua Be On-Site During The Demolitic Accomplished By This Person W	al Trained In The Provisions Of Tl on Or Renovation And Evidence T ill Be Available For Inspection Du	That The Recurring Norma	quired Training Ha ll Business Hours.	s Been
Print Name:	Signature of Owner/Operat	or:		Date:
XVII. I Certify That The Above I	nformation Is Correct.	or:		Data